

# CHEROKEE VILLAGE

Don't miss out on your chance to save!  
\$0 Application fee / \$150 - \$250 deposit

1-Bedroom starting @

**\$587.00**

572 square feet

2-1/2 Bedroom starting @

**\$655.00**

718 square feet

3-2 Bedroom starting @

**\$769.00**

876 square feet



Office Hours:

9 A.M. – 6 P.M. (Monday – Friday)

Closed (Sat. & Sun.)

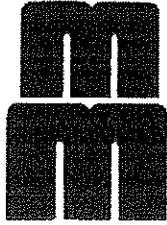
Cherokee Village Apartments

7250 Elam Road | Dallas, TX. 75217 | 214.398.1485

*"Homes for residents seeking a community that is friendly and quiet".*







## Welcome to our community



We are glad that you have chosen us as your new apartment home! Attached you will find an application that needs to be completely filled and returned in order to begin the approval process.

**When you return the application, please also plan to provide the following information:**

- Birth certificate for all household members – original please
- Social security card for all household members – original please
- Photo ID for all household members over the age of 18
- Proof of income (for example):
  - 6 check stubs
  - Social security print out
  - Child support print out
- Copy of last 6 bank statements (if applicable)

We will review your application to be sure that it is completely filled out and will let you know your approval status as quickly as possible. If your application is approved, we will notify you of additional information that will be required as well as additional documentation that will need to be completed.

Please remember that it is your responsibility to provide us with any changes in your phone number, mailing address, household members, or income. You can reach us at:

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**Thank you again for choosing us! We think you'll love to call this home!**

This community provides housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, color, sex familial status, national origin, disability or any other state or locally protected class in the admission and/or access to any programs and activities. TTY users can call the office using their state relay center or the Nationwide Relay Center at 711.

## Application Assistance and Information Statement

It is the policy of this community to provide housing on an equal opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin or handicap.

In the event that you have a disability or have difficulty completing this application, please advise us of your needs and we will be happy to assist you. Appropriate assistance will be provided in a confidential manner and setting.

***NOTE: All answers to questions concerning handicap or disability status are optional. However, without this information we may not be able to: (1) determine your eligibility or (2) determine your need for special housing features. Family members with handicapped or disabilities may be entitled to certain deductions from income that affect rent.***

We do provide "reasonable accommodations" to applicants if they or any family members have a disability or handicap.

If you or a member of your family have a disability and think you might need a reasonable accommodation, you may request it at any time in the application process or after admission in writing to the on-site office. This is up to you. If you would prefer not to discuss your situation with management, that is your right.

A reasonable accommodation is some modification or change that we can make to the policies or procedures that will assist an otherwise eligible applicant with a disability to take advantage of the program. Examples of reasonable accommodations and structural modifications include, but are not limited to:

***\* Making alterations to a apartment so it could be used by a family member with a wheelchair;***

***\* Installing strobe type flashing light smoke detectors in an apartment for a family with a hearing impaired member;***

***\* Permitting a family to have a seeing eye dog to assist a vision impaired family member in a family community where dogs are not usually permitted;***

***\* Making large type documents or a reader available to a vision impaired applicant during the application process;***

***\* Making a sign language interpreter available to a hearing impaired applicant during the interview;***

***\* Permitting an outside agency to assist an applicant with a disability to meet the community's resident screening criteria.***

However, we are not required to take any action that results in a fundamental alteration in the nature of this program or service. In addition, we are not required to take any action if the change would result in an undue financial and administrative burden on the community.

An applicant family that has a member with a disability must still be able to meet essential obligations of tenancy -- they must be able to pay rent, to care for their apartment, to report required information to the Manager, avoid disturbing their neighbors, etc., but there is no requirement that they be able to do these things without assistance.



# RESIDENTIAL APPLICATION

<b>For Office Use Only</b>	
Date: ____ / ____ / ____	Time: ____ : ____
Unit Size: _____	
Program Type: _____	
Owner/Agent: _____	

## INSTRUCTIONS TO APPLICANT

- Each household member 18 years of age or older must complete a separate application. However, an adult who will be named as co-resident may complete the specified portion of this application.
  - ALL lines must be filled in. You may write "NONE" or "NO" in a line, but DO NOT leave a line blank or write N/A.
  - All information should be complete and correct. False, incomplete or misleading information will cause your application to be declined.
  - If you need to make a correction, put one line through the incorrect information, write the correct information above, and initial the change.
  - As long as your application is on file with us, it is your responsibility to contact us whenever your address, telephone number or income situation changes, or whenever you need to add or remove a household member from your application.
- After we receive your complete application, we will make a preliminary determination of eligibility. If your household appears to be eligible for housing, your application
- will be placed on a Waiting List. This does not mean that your household will be offered an apartment. If later processing establishes that your household is not actually eligible, or does not meet our Resident Selection Criteria, your application will be declined.
  - We will process your application according to our standard procedures which are summarized in the Resident Selection Criteria, posted in the Management Office.

## HOUSEHOLD INFORMATION

Applicant's Name _____	Co-Applicant Name _____
Driver's License # _____	Driver's License # _____
SS # _____ DOB: _____	SS # _____ DOB: _____
Phone #: _____	Phone #: _____
Alternate #: _____	Alternate #: _____

**Student Status:** (circle one) Full-time Part-time Not a student      **Student Status:** (circle one) Full-time Part-time Not a Student

List Only children who are legal dependent(s) of persons listed on this application, first and last name:

Name:	SS #:	DOB:	Age:	Circle Student Status
_____	_____	_____	_____	F/T P/T Not Student
_____	_____	_____	_____	F/T P/T Not Student
_____	_____	_____	_____	F/T P/T Not Student
_____	_____	_____	_____	F/T P/T Not Student
_____	_____	_____	_____	F/T P/T Not Student

NOTE: If you are an applicant who was age 62 or older as of 1/31/10 and you do not have a social security number but were receiving HUD rental assistance as of 1/31/10, you are exempt from the requirement to provide a social security number. In addition, if you are not claiming eligible immigration status, you are exempt from the requirement to provide a social security number.

## CURRENT RESIDENCE

Please give us information on where you presently live. If the co-applicant resides in another location, please specify and provide residency history

<b>Present Address</b>	Street Address: _____			From: ____ / ____ / ____	Landlord Name: _____
	City: _____	County: _____	State: _____ Zip: _____	To: ____ / ____ / ____	Landlord Phone: _____
	Reason for Moving: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>			Landlord Street Address: _____	
	Is this Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Amount of Rent: \$ _____	City: _____ State: _____ Zip: _____

## ACCESSIBLE UNIT STATUS

Would you or any family member qualify for a dwelling available only to persons with handicaps or to persons with a particular type of handicap?  
 YES  NO

If Yes, please specify accessible need: \_\_\_\_\_

## RESIDENCE HISTORY

You **must** report ALL places you have lived for the past three (3) years. If the co-applicant has resided in other locations, please specify and include required information. Use an additional sheet if necessary.

<b>Previous Address</b>	Street Address:				From: / /	Landlord Name:			
	City:	County:	State:	Zip:	To: / /	Landlord Phone:			
	Reason for Moving: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>				Landlord Street Address:				
	Was this Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:	
<b>Previous Address</b>	Street Address:				From: / /	Landlord Name:			
	City:	County:	State:	Zip:	To: / /	Landlord Phone:			
	Reason for Moving: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>				Landlord Street Address:				
	Was this Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:	
<b>Previous Address</b>	Street Address:				From: / /	Landlord Name:			
	City:	County:	State:	Zip:	To: / /	Landlord Phone:			
	Reason for Moving: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>				Landlord Street Address:				
	Was this Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:	
<b>Previous Address</b>	Street Address:				From: / /	Landlord Name:			
	City:	County:	State:	Zip:	To: / /	Landlord Phone:			
	Reason for Moving: Own <input type="checkbox"/> Rent <input type="checkbox"/> Other <input type="checkbox"/>				Landlord Street Address:				
	Was this Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No				Amount of Rent: \$	City:	State:	Zip:	

- |   | <b>Yes</b>               | <b>No</b>                |
|---|--------------------------|--------------------------|
| • Will any of the household members live anywhere except in your apartment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you plan to have anyone living with you in the future who is not listed above?   | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does anyone live with you now who is not listed above?  | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you or any other member of your household ever used any name(s) or social security number(s) other than the one you are currently using? | <input type="checkbox"/> | <input type="checkbox"/> |
| • Does your household qualify for a statutory preference due to being displaced by government action or the President declared a disaster?      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Is anyone in your household a veteran of the US Military? Is yes, please indicate who:  | <input type="checkbox"/> | <input type="checkbox"/> |
| • _____   |                          |                          |
| • If you answered "YES" to any question above, please explain: _____  |                          |                          |

## AUTOMOBILES AND OTHER VEHICLES

List all motor vehicles, including motorcycles, owned by or registered to household members. Use additional sheets if necessary.

Make/Model/Year/Color: \_\_\_\_\_ License Plate Number \_\_\_\_\_

## OTHER INFORMATION

\*Note: All applicants move in are subject to having their personal belongings inspected for bed bugs or other infestations prior to move in. Should an infestation be discovered, applicant may not be permitted to move such furniture in to the apartment.

## CRIMINAL BACKGROUND CHECK

This property's eligibility criteria excludes housing to individuals with household with specific types of criminal activity in their history. HUD requires criminal background and state sex offender registry checks to be performed in the state in which the housing is located and for states where the applicant and members of the applicant's household have resided. You are required to report ALL states you have resided in since the age of 18, and the last address in each state, it is not necessary to repeat the addresses listed above. All applicants 18 or over are required to report this information. Use additional pages if necessary.

I have never lived in any state except the one I currently reside in

State:	From:	____/____/____	To:	____/____/____	Last Street Address in that State:	City:	Household member:
State:	From:	____/____/____	To:	____/____/____	Last Street Address in that State:	City:	Household member:
State:	From:	____/____/____	To:	____/____/____	Last Street Address in that State:	City:	Household member:
State:	From:	____/____/____	To:	____/____/____	Last Street Address in that State:	City:	Household member:
State:	From:	____/____/____	To:	____/____/____	Last Street Address in that State:	City:	Household member:
State:	From:	____/____/____	To:	____/____/____	Last Street Address in that State:	City:	Household member:

### Eligibility Questions

**Yes**

**No**

**If 'Yes' you must answer the following:**

- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| <ul style="list-style-type: none"> <li>• Have you or any member of your household ever been evicted? <input type="checkbox"/></li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____<br>When? _____<br>Why? _____ |
|--|--------------------------|--------------------------|--|
- |   |                          |                          |  |
|---|--------------------------|--------------------------|--|
| <ul style="list-style-type: none"> <li>• Have you or any member of your household ever been evicted from federally assisted housing for drug-related criminal activity? <input type="checkbox"/></li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____<br>When? _____<br>Why? _____ |
|---|--------------------------|--------------------------|--|
- |  |                          |                          |  |
|--|--------------------------|--------------------------|--|
| <ul style="list-style-type: none"> <li>• Have you or any member of your household ever been convicted of a felony?<br/>                     (NOTE: A felony conviction is not automatic grounds for denial; application will be screened according to Resident Selection Criteria) <input type="checkbox"/></li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | From Where? _____<br>When? _____<br>Why? _____ |
|--|--------------------------|--------------------------|--|
- |   |                          |                          |                                      |
|---|--------------------------|--------------------------|--------------------------------------|
| <ul style="list-style-type: none"> <li>• Do you or any member of your household owe money to any Public Housing Authority, HUD, Apartment Community or Previous Landlord? <input type="checkbox"/></li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | To Whom? _____<br>How Much? \$ _____ |
|---|--------------------------|--------------------------|--------------------------------------|
- |  |                          |                          |                         |
|--|--------------------------|--------------------------|-------------------------|
| <ul style="list-style-type: none"> <li>• Have you or any member of your household ever committed any fraud in a Federally Assisted Housing Program or been asked to repay money for knowingly misrepresenting information for such housing programs? <input type="checkbox"/></li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | Explain: _____<br>_____ |
|--|--------------------------|--------------------------|-------------------------|
- |   |                          |                          |                         |
|---|--------------------------|--------------------------|-------------------------|
| <ul style="list-style-type: none"> <li>• Is any household member required to comply with any state sex offender registration requirements, specifically any state lifetime sex offender registration? <input type="checkbox"/></li> </ul> | <input type="checkbox"/> | <input type="checkbox"/> | Explain: _____<br>_____ |
|---|--------------------------|--------------------------|-------------------------|

## RENTERS INSURANCE

We recommend that you carry Renters Insurance. *Your personal belongings are not covered by our insurance.* If you have coverage, please provide information below.

Insurance Agent:			Street Address:		
City:	State:	Zip:	Policy Number:		

**EMPLOYMENT INCOME**

You **must** report income from ALL sources. This includes but is not limited to Employment, Public Assistance, Social Security, SSI Disability Compensation, Unemployment Compensation, Workers Compensation, Retirement Benefits, Veterans Benefits, Child Support, Alimony, Educational Grants, Scholarships, etc. **If anyone outside your household gives you money or pays your bills, you must report it as a source of income.** Use additional sheets if necessary.

Applicant's Current Employer	Co-Applicant's Current Employer
Employer's Name _____	Employer's Name _____
Street Address: _____	Street Address: _____
City, State, Zip _____	City, State, Zip _____
Phone #: _____ Fax #: _____	Phone #: _____ Fax #: _____
Supervisor's Name: _____	Supervisor's Name: _____
Anticipated Gross Annual Income: _____	Anticipated Gross Annual Income: _____

Applicant's 2nd Employer	Co-Applicant's 2nd Employer
Employer's Name _____	Employer's Name _____
Street Address: _____	Street Address: _____
City, State, Zip _____	City, State, Zip _____
Phone #: _____ Fax #: _____	Phone #: _____ Fax #: _____
Supervisor's Name: _____	Supervisor's Name: _____
Anticipated Gross Annual Income: _____	Anticipated Gross Annual Income: _____

**OTHER SOURCES OF INCOME**

Applicant's Other Income				Co-Applicant's Other Income			
Source:	(circle one)		Gross Amount Received:	Source:	(circle one)		Gross Amount Received:
SSI/SSA	NO	YES	\$ _____	SSI/SSA	NO	YES	\$ _____
Alimony	NO	YES	\$ _____	Alimony	NO	YES	\$ _____
Child Support:	NO	YES	\$ _____	Child Support:	NO	YES	\$ _____
AFDC/TANF or Assistance with utilities (do not include food stamps)	NO	YES	\$ _____	AFDC/TANF or Assistance with utilities (do not include food stamps)	NO	YES	\$ _____
Retirement/Pensions:	NO	YES	\$ _____	Retirement/Pensions:	NO	YES	\$ _____
Unemployment:	NO	YES	\$ _____	Unemployment:	NO	YES	\$ _____
Recurring Contributions	NO	YES	\$ _____	Recurring Contributions	NO	YES	\$ _____
VA Benefits	NO	YES	\$ _____	VA Benefits	NO	YES	\$ _____
Military Service Income	NO	YES	\$ _____	Military Service Income	NO	YES	\$ _____
Other: (please list)	NO	YES	\$ _____	Other: (please list)	NO	YES	\$ _____

**ASSET INFORMATION**

Does any household member (including children) have a checking or savings account, IRA, CD, Bonds, Real Estate, or any other type of asset(s)? If you receive benefits on a debit card, please specify that as well.

(circle one)      NO                      YES			If yes, please list the type of asset and name of institution below.
Applicant	Co-Applicant	Child	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Type of Asset _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of Institution _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Has anyone in your household sold or disposed of any asset(s) for less than fair market value in the last twenty-four (24) months:  
 (circle one)      NO                      YES                      If yes, please explain: \_\_\_\_\_

**UNUSUAL EXPENSES**

Do you pay for child care due to employment/looking for work /going to school? (circle one) NO YES

If yes, please answer the following:

Provider's Name \_\_\_\_\_ Total Cost: \$ \_\_\_\_\_  
Street Address \_\_\_\_\_ (circle one)  
City, State, Zip \_\_\_\_\_ Bi-weekly Weekly Semi-Monthly  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Monthly Other (explain) \_\_\_\_\_

Medical Expenses: Do you receive or pay any of the following?

Medicare Benefits No Yes If paid, monthly amount: \_\_\_\_\_  
Medical Assistance through the welfare department No Yes If paid, monthly amount: \_\_\_\_\_  
Medical Insurance/hospitalization (i.e. Blue Cross) No Yes If paid, monthly amount: \_\_\_\_\_  
Is medical insurance/hospitalization a payroll deduction? No Yes If paid, monthly amount: \_\_\_\_\_  
Do you take prescription medications on a regular basis? No Yes If paid, monthly amount: \_\_\_\_\_  
Do you anticipate any health care related expenses for the next twelve (12) months which are not covered by health insurance? No Yes If yes, please explain: \_\_\_\_\_

**EMERGENCY CONTACT**

Provide the name of the person we should contact in case of an emergency.

Name: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Relationship to you: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**MARKETING**

It is important to know how we are doing. Please let us know how our marketing efforts are working.  
How did you hear about our community?

Newspaper Ad Signage Drive By Magazine Publication (please specify which one: \_\_\_\_\_)

Referral (please let us know who referred you: \_\_\_\_\_)

**APPLICANT CERTIFICATION**

It is the policy of this community to provide housing on an Equal Opportunity basis. We do not discriminate on the basis of race, religion, color, sex, familial status, national origin, handicap, and regardless of sexual orientation, gender identity, or marital status or any other federal, state, or local protected class.

This apartment community does not discriminate on the basis of handicapped status in the admission or accessibility to, or treatment or employment in, its federally assisted programs and activities. The person designated to coordinate compliance with nondiscrimination against persons with disabilities is the Director of Compliance at Marcrum Management Company.

This application and the information contained therein must be updated if the information is more than 120 days old at the time the apartment is offered.

A credit and criminal report and verification investigation will be conducted prior to initial occupancy. Copies of birth certificates and social security cards will be required on all household members at the time of the application. Picture identification will be required for all household members 18 years of age or older.

By checking this box, I am acknowledging that I have been given the opportunity to receive a copy of the Resident Selection Criteria. I understand that the criteria is posted on the bulletin board in the office if I choose to review it a later date.

I/We (the applicant(s)) agree to give the management agent the authority to investigate my credit rating, my current and past rental records, and all other information necessary to determine eligibility. I/We understand that any misrepresentation on this form will disqualify me from consideration for leasing. I hereby affirm that the foregoing information is true and correct to the best of my knowledge.

I/We (the applicant(s)) acknowledge by signing below that this application and the information contained herein are subject to third party verification and investigation. If I provide incomplete, misleading or false information, I understand that my application will be rejected. Furthermore, if after my family occupies an apartment dwelling, should management learn that any information contained on this application was incorrect, I understand that management will initiate legal action to terminate the lease and pursue civil, criminal, and administrative remedies, which include, but are not limited to: reimbursement of overpaid subsidies, termination of housing assistance, eviction from the apartment and cooperating with federal agencies regarding prosecution.

**PENALTIES FOR MISUSING THIS CONSENT**

Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willfully making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willfully requests, obtains, or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at 42 USC 208 a(6)(7) and (8). Violations of these provisions are cited as violations of 42 USC 408 a(6)(7) and (8).

Applicant Signature

Date

Co-Applicant Signature

Date